

# **REPORT ON ADOLESCENT CHEMICAL DEPENDENCY PROGRAMS - 2003**

**December 23, 2003**

**Prepared for: The Division Of Alcohol and Drug  
Abuse, The Attorney General's Office, and The  
Department of Corrections -  
STATE OF SOUTH DAKOTA**

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## **Executive Summary**

### **A summary of the basic findings for Adolescents in DOC programs:**

- o The outcome results are based on persons identified by (Juvenile Corrections Agents (JCA) as completing chemical dependency programs from 1977 through October of November 2003. During the twelve-month follow-up period, most of those on aftercare (58.4%) violated aftercare provisions, more than one-third (36.7%) were arrested on new charges, and 28.0 percent had aftercare revoked. The abstinence rate for this group was 34.3 percent.
- o The youth clients were favorably impressed with the substance abuse treatment programs. The ratings of the programs by the clients were very high.
- o All groups (age, sex, race) had high, positive ratings of the youth programs.
- o The youth clients during the last three years were specifically impressed with: counselors, talking/openness, group sessions, videos/films, information and knowledge received, getting help with problems, and the chance for self understanding.
- o Some of the areas the youth clients would like to see improved were: longer treatment programs, more videos/films, more group sessions, and less paperwork.
- o Alcohol and marijuana were the most frequently used substances during follow-up.
- o In considering clients for all years, those with favorable profiles (working, rated as doing 'Good' in overall functioning, and not using substances) had very good outcome results with only 4.9% with new charges, 15.3% violated provisions of their aftercare, and only 3.2% were revoked.
- o Those rated by JCA's as having 'Good' relationships with other people (i.e., family,

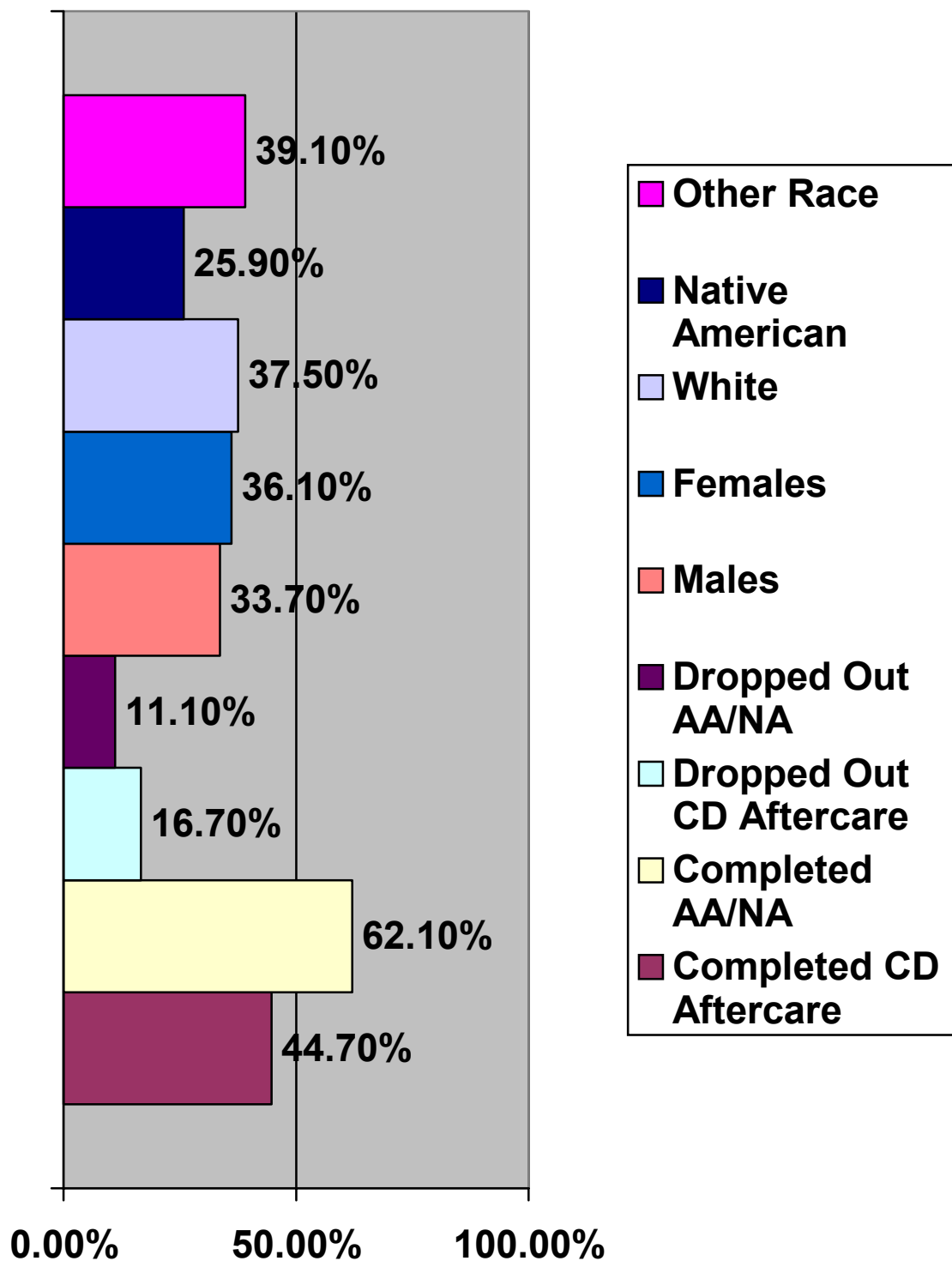
peers, etc.) were more likely to have had good outcome results (e.g., fewer arrests, low aftercare violations, and low revocation rates).

- Juveniles with good progress in academic and employment pursuits were more likely to have good outcome results (e.g., fewer arrests, low aftercare violations, and low revocation rates) than were those rated as making fair or poor progress.
- Those who were working had greater success (e.g., fewer arrests, less aftercare violations) than did those who were not working.
- Juveniles who completed one of the following: chemical dependency aftercare, outpatient mental health services, home-based mental health services, family counseling, or AA/NA had better outcomes (e.g., lower arrest rates, less aftercare violations, and fewer revocations) on aftercare than did those who did not complete these services or programs.
- Persons who have changed schools because of substance use were more likely to use substances during aftercare than were those who didn't need to change schools.
- Juveniles diagnosed with learning disabilities were more likely to use substances during aftercare than were those not diagnosed.
- Persons completing the AA/NA meetings were much more likely (3.8 times) to be abstinent than were those dropping out of AA/NA meetings.
- Juveniles completing the CD aftercare programs were much more likely (3.1 times) to be substance free during the follow-up period than were those dropping out of CD aftercare programs.
- Persons completing the outpatient mental health programs were much more likely (6.7 times) to be abstinent than were those dropping out of the mental health programs.
- Former CD program participants who had completed family counseling programs while on aftercare were

much more likely (4.7 times) to be abstinent than were those dropping out of family counseling programs.

- o Clients with high ratings of the group counseling in the treatment programs were more likely to be substance free than were those with low ratings.
- o Former CD program participants who had high ratings for the films/videos were more likely to be abstinent than were those with low ratings.
- o Clients who didn't think the treatment programs were too long were more likely to be substance free than were those who felt that the program was too long.

## Abstinence Rates: Various Groups



## INTRODUCTION

Generally, youth clients completed or had completed for them, four evaluation forms: Form A is the counselors' evaluation of how well the clients did in the overall program and in various segments of the treatment program. Form B is the clients' evaluation of the Drug and Alcohol Treatment program. Form C is a follow-up form designed to measure client outcomes (arrests, drinking, working, education, etc.) after clients left the outpatient treatment program. The follow-up form is completed by JCA's administered after the clients had been on probation for about twelve months. A history form was completed by persons at entry into the substance abuse treatment program. The first segment of the report is an assessment of the clients' perceptions of the program (Form B), based on forms received as of November 15, 2003.

The results of the Client Assessment Form (Form B) on 1,796 persons who had completed one of the Youth Chemical Dependency Treatment Programs between January 1, 1992 and December 11, 2003 are presented below.

The cumulative results presented below are based on the information tabulated on 1495 males and 301 females who completed alcohol and drug treatment programs. The results are also presented and compared for the last four years of the program.

## DEMOGRAPHIC INFORMATION

About one-sixth (16.8%) of the clients were females and a majority (83.2%) were males. See Table A1 below. The percent of males has been similar for the past four years (see Table A2).

**TABLE A1**  
**GENDER**

Gender	Youth Programs
Males	1495 (83.2%)
Females	301 (16.8%)
Total	1796

**TABLE A2**  
**Percent Males by Year**

	2000	2001	2002	2003
Percent Males	82.3%	85.1%	81.6%	83.5%
Percent Females	17.7%	14.9%	18.4%	16.5%

Over one-half (54.9%) of the program participants who completed the evaluation forms were Whites, about one-third (33.1%) were Native Americans, and the remainder (11.2%) were all others (including those who identified themselves as mixed blood

Native Americans). See Table B1 for results by race. Over time there was a fluctuating proportion of persons by ethnicity (See Table B2).

**TABLE B1**  
**RACE**

<b>Race</b>	<b>Youth Programs</b>
Nat Americans	607 (33.9%)
Whites	983 (54.9%)
Others	200 (11.2%)
Total	1790

**TABLE B2**  
**Race by Year**

	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Nat Americans	35.0%	36.2%	39.9%	31.2%
Whites	50.9%	56.3%	52.2%	63.3%
Others	14.1%	7.5%	8.0%	5.5%

More than three-fourths (77.0%) of the program participants during this reporting period were between the ages of 16 and 18. About one-fifth (21.6%) were between 12 and 15 years old and a few (1.3%) were 19 years old or older (see Table C1). The average age of the program participants was about 16.5 years. The age was very consistent throughout the last four years of the program (see Table C2).

**TABLE C1**  
**AGE**

<b>Age</b>	<b>Youth Programs</b>
12-15 Years Old	386 (21.6%)
16-18 Years Old	1376 (77.0%)
19 And Over	24 (1.3%)
Total	1786

**TABLE C2**

	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Age by Year	16.4	16.3	16.5	16.6

## **BASIC RESULTS OF CLIENT RATINGS**

The information in Table 1A concerns the ratings by the clients of the individual counseling they received during the treatment program. The rating scale went from 1 to 4 with 1 being Poor, 2 representing Fair, 3 signifying Good, and 4 indicating Excellent. The ratings for individual counseling were high (overall average 3.1 out of a possible 4.0). A very high percent (79.3%) indicated a Good or Excellent rating, a few

(16.2%) persons rated the individual counseling of the program to be Fair and only seventy-nine persons rated the counseling as Poor. The ratings decreased between 2000 and 2003 (see Table 1B).

**TABLE 1A**  
**RATING OF INDIVIDUAL COUNSELING**

	Poor	Fair	Good	Excell	Mean
Youth Programs	4.6%	16.2%	44.7%	34.6%	3.1
Number of Cases	79	280	773	598	1730

**TABLE 1B**

	2000	2001	2002	2003
Rating of Individual Counseling	3.0	2.8	2.8	2.7

The clients also rated the quality of group counseling very high (mean = 3.4). Nearly all (93.1%) rated group counseling as Good or Excellent, and only seven persons rated the program's group counseling as Poor (see Table 2A). The ratings have remained consistently high but have been declining over time (see Table 2B).

**TABLE 2A**  
**RATING OF GROUP SESSIONS**

	Poor	Fair	Good	Excell	Mean
Youth Programs	0.5%	6.5%	41.6%	51.5%	3.4
Number of Cases	8	116	742	920	1786

**TABLE 2B**

	2000	2001	2002	2003
Rating of Group Sessions	3.6	3.5	3.5	3.4

The information presented in Table 3A has reference to the ratings by the clients of the usefulness of the films and videotapes viewed as part of the treatment program. The ratings were good (overall average 3.1 out of a possible 4.0), but not as high as the group (3.4) counseling ratings. Over four-fifths (80.7%) indicated a Good or Excellent rating, some (15.4%) indicated Fair, and sixty-eight persons felt that the films had Poor utility. The ratings have been steady (see Table 3B).

**TABLE 3A**  
**RATING OF USEFULNESS OF FILMS AND VIDEOTAPES**



	Poor	Fair	Good	Excell	Mean
Youth Programs	3.9%	15.4%	46.8%	33.9%	3.1
Number of Cases	68	272	827	599	1766

**TABLE 3B**

	2000	2001	2002	2003
Rating of Usefulness of Films	3.1	2.9	3.0	2.9

The clients also rated the quality of films and videotapes as Good (overall mean = 2.9). About three-fourths (73.0%) of the respondents rated the quality of the films and videotapes as Good or Excellent, while some (21.5%) rated the program's films as Fair and 5.5% felt that the films had Poor quality (see Table 4A). Ratings have been consistent (see Table 4B). Based on written comments, a frequent request is that the films be updated.

**TABLE 4A  
RATING OF QUALITY OF FILMS AND VIDEOTAPES**

	Poor	Fair	Good	Excell	Mean
Youth Programs	5.5%	21.5%	46.2%	26.8%	2.9
Number of Cases	97	378	811	470	1756

**TABLE 4B**

	2000	2001	2002	2003
Rating of Quality of Films	2.9	2.8	2.9	2.7

The information presented in Table 5A refers to the ratings by the clients of the facilities available for the treatment programs. The ratings were good (overall average 3.2 out of possible 4.0). Slightly more than four-fifths (82.0%) indicated a Good or Excellent rating, about one-sixth (15.6%) indicated Fair, and a few (2.5%) felt that the facilities were Poor. The ratings have been consistent over time (see Table 5B).

**TABLE 5A  
RATING OF FACILITIES**

	Poor	Fair	Good	Excell	Mean
Youth Programs	2.5%	15.6%	45.7%	36.3%	3.2

Number of Cases	44	276	809	642	1771
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**TABLE 5B**

	2000	2001	2002	2003
Rating of Facilities	3.2	3.2	3.1	3.2

One of the most important factors rated was the overall quality of the program. The clients gave the overall program a very high rating (mean = 3.6 for all years since 1994). Nearly all (96.3%) of the respondents rated the overall quality of the program as Good or Excellent (see Table 6A). The ratings have remained high (see Table 6B).

**TABLE 6A  
OVERALL RATING OF PROGRAM**

	Poor	Fair	Good	Excell	Mean
Youth Programs	0.4%	3.3%	33.0%	63.3%	3.6
Number of Cases	7	58	588	1128	1781

**TABLE 6B**

	2000	2001	2002	2003
Rating of Program	3.6	3.4	3.3	3.5

The next series of questions asked the clients to agree or disagree with statements about the program. The rating scale ranged from 1 to 7 with 1 to 3 representing Disagree, 4 signifying Undecided, and 5 through 7 indicating Agree. The tables below indicate the following word categories: Strongly Disagree, Disagree, Undecided, Agree, and Strongly Agree.

The respondents' ratings were in strong agreement with the statement that "I gained much knowledge from the program." The overall mean (6.5 out of a possible 7) was very high. Overall, 96.8% agreed with the statement, thirty-two persons disagreed and twenty-four people were undecided (see Table 7A). The ratings have been similar over the last four years (see Table 7B).

**TABLE 7A  
I GAINED KNOWLEDGE FROM THE PROGRAM**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
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Youth Programs	0.5%	1.3%	1.3%	34.1%	62.7%	6.5
Number Cases	9	23	24	610	1121	1787

**TABLE 7B**

	2000	2001	2002	2003
Rating of Knowledge Gained	6.4	6.3	6.0	6.1

Those who responded to the questionnaire were also in strong agreement with the statement "I liked the program." This pivotal question was rated high (6.0 on a 7-point scale). Overall, 89.9 percent agreed with the statement, 5.3 percent disagreed and 4.9 percent were undecided (see Table 8A). The means have been similar over the four years (see Table 8B).

**TABLE 8A  
I LIKED THE PROGRAM**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	1.7%	3.6%	4.9%	48.1%	41.8%	6.0
Number Cases	30	64	88	859	746	1787

**TABLE 8B**

	2000	2001	2002	2003
I Liked the Program	6.0	5.7	5.4	5.6

The respondents strongly agreed with the statement "The counselors were helpful." The mean (6.6 for all years since 1992) was very high. Overall, 96.7% agreed with the statement, thirty-five persons disagreed and twenty-three were undecided. Over two-thirds (69.5%) circled the highest value (7) on the scale (see Table 9A). The means have remained high (see Table 9B).

**TABLE 9A  
THE COUNSELORS WERE HELPFUL**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	0.5%	1.5%	1.3%	27.2%	69.5%	6.6
Number Cases	8	27	23	486	1241	1785

**TABLE 9B**

	2000	2001	2002	2003
The Counselors Were Helpful	6.6	6.4	6.1	6.3

The respondents tended to disagree (69.9%) with the statement "The program was too long." Conversely, those who responded to the questionnaire were more likely to agree with the statement "The program was too short." The responses to these questions indicate the clients see a need for longer programs (see Tables 10 and 11).

**TABLE 10**  
**THE PROGRAM WAS TOO LONG**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	44.4%	25.5%	13.6%	12.0%	4.5%	2.6
Number Cases	791	455	242	214	81	1783

**TABLE 11**  
**THE PROGRAM WAS TOO SHORT**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	19.1%	15.6%	21.6%	25.9%	17.8%	4.1
Number Cases	337	275	381	457	313	1763

The respondents' ratings were in strong agreement with the statement that "The information presented in the program was useful." The overall rating (mean = 6.4) was very high. Nearly all (96.0%) agreed with the statement, 2.0 percent disagreed and thirty-six persons were undecided (see Table 12A). The ratings for the usefulness of the information have been consistent the last three years (see Table 12B).

**TABLE 12A**  
**THE INFORMATION PRESENTED WAS USEFUL**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	0.9%	1.1%	2.0%	38.1%	57.9%	6.4
Number Cases	16	20	35	681	1036	1788

**TABLE 12B**

	2000	2001	2002	2003
The Information Was Useful	6.4	6.0	6.0	6.0

The respondents strongly agreed with the statement "Because of this program I am a better person." The mean (5.8) was moderate. Overall, 84.9% agreed with the statement, 5.8% disagreed and 9.2% were undecided. More than one-third (37.9%) of those responding circled the highest value (a 7-which is strongly agree) of the scale (see Table 13A). Over the last four years, the means have been steady (see Table 13B).

**TABLE 13A**  
**BECAUSE OF PROGRAM I AM A BETTER PERSON**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	2.0%	3.8%	9.2%	47.0%	37.9%	5.8
Number Cases	36	68	165	839	677	1785

**TABLE 13B**

	2000	2001	2002	2003
The Information Was Useful	5.8	5.7	5.5	5.7

The respondents tended to disagree (78.3%) with the statement "There was too much information presented in the program" (see Table 14A). This finding, coupled with the statement about the length of the program, clearly shows a desire by the clients for a longer and more comprehensive treatment program. The mean ratings have been increasing since 2000 (see Table 14B).

**TABLE 14A**  
**TOO MUCH INFORMATION WAS PRESENTED**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	51.2%	27.1%	11.1%	8.5%	2.1%	2.2
Number Cases	912	483	198	152	38	1783

**TABLE 14B**

	2000	2001	2002	2003
Too Much Information Presented	2.2	2.5	2.6	2.6

The respondents agreed with the statement "The program was well organized." The overall rating (mean = 6.0) was high. A large majority (89.4%) agreed with the statement, 4.0 percent disagreed with the statement and 6.7 percent were undecided (see Table 15A). The mean ratings have been similar over time (see Table 15B).

**TABLE 15A**  
**THE PROGRAM WAS WELL ORGANIZED**

	Strong Dis	Dis	Und	Agree	Strong Agree	Mean
Youth Programs	0.9%	3.1%	6.7%	46.8%	42.6	6.0
Number Cases	16	55	120	835	760	1786

**TABLE 15B**

	2000	2001	2002	2003
Too Much Information Presented	6.1	5.8	5.7	5.8

When asked, "Would you recommend the Alcohol and Drug Treatment Program to other persons?" the respondents were nearly unanimous in their approval of the program. All but 58 persons indicated that they would recommend the program to other persons. The results have been consistently high and declined for two years, but have increased this past year (see Table 16B).

**TABLE 16A**  
**I WOULD RECOMMEND THIS**  
**PROGRAM TO OTHER PERSONS**

	Yes	No
Youth Programs	96.6%	3.4%
Number Cases	1653	58

**TABLE 16B**

	2000	2001	2002	2003
Recommend to Other Persons	97.6%	94.2	89.0	92.5

**PROGRAM ASSESSMENT FORM**

Information for this section of the report was obtained from the Program Assessment form, which was completed by counselors most familiar with the clients' program and progress. The information was collected for persons completing treatment programs between January 1, 1992 and November 2003. Information was available for a total of 1642 persons, although not everyone answered each question and not everyone was required to attend each program segment.

**Group Counseling Sessions**

Nearly all (98.1%) attended all the required parts of their group counseling sessions. Most (89.0%) received a good or fair rating.

	Yes	No
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Attended all required parts	1550 (98.1%)	30 (1.9%)
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	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	89 (5.6%)	605 (38.2%)	805 (50.8%)	85 (5.4%)

### **Individual Counseling**

Most (99.6%) attended all the required parts of their individual counseling sessions. Most (90.5%) received a good or fair rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	1136 (99.6%)	5 (0.4%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	74 (6.4%)	449 (39.0%)	593 (51.5%)	36 (3.1%)

### **Primary outpatient treatment program**

Almost all (99.4%) attended all the required parts of their primary outpatient treatment program. Most (90.3%) received a good or fair rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	1419 (99.4%)	8 (0.6%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	77 (5.4%)	617 (43.0%)	678 (47.3%)	63 (4.4%)

### **Aftercare services**

Most (81.4%) attended all required parts of their aftercare



services. Many participants (87.1%) received a good or fair rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	787 (81.4%)	180 (18.6%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	39 (4.1%)	377 (39.2%)	460 (47.9%)	85 (8.8%)

### **Relapse prevention**

Nearly all (95.0%) attended all required parts of relapse prevention. A large majority (87.6%) received a good or fair rating.

	<b>Yes</b>	<b>No</b>
Attended all required parts	689 (95.0%)	36 (5.0%)

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Compared to others, how well client did	24 (3.2%)	312 (41.9%)	340 (45.7%)	68 (9.1%)

### **Overall Assessment of Client**

The most frequent (47.0%) rating was fair and 42.7 percent received a good rating considering all aspects of the clients' treatment program. Consistent with other comparisons in the program assessment, the majority (89.7%) received a good or fair rating.

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Considering all aspects, how well client did	73 (4.6%)	680 (42.7%)	749 (47.0%)	92 (5.8%)

Most (65.7%) clients were assessed as somewhat likely to be free of substance abuse in the future. Frequently, those who were very likely to be free of substance abuse also performed well in comparison to others in their program. Likewise, those

who were not likely to be free of substance abuse performed fair or poorly when compared to others in their program.

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Not likely</b>
How likely to be free of substance abuse	111 (6.9%)	1054 (65.7%)	440 (27.4%)

Many (63.8%) of the clients were assessed as somewhat likely to be arrest free for law violations in the future.

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Not likely</b>
How likely to be arrest free	291 (19.1%)	970 (63.8%)	260 (17.1%)

## **FACTOR PREDICTIVE OF SUBSTANCE USE FOR ADOLESCENTS COMPLETING TREATMENT PROGRAMS IN DOC FACILITIES**

### **HISTORY FORM**

Persons who had changed schools because of substance use were more likely to use substances during aftercare than were those who didn't need to change schools.

Juveniles diagnosed with learning disabilities were more likely to use substances during aftercare than were those who were not diagnosed.

### **FOLLOW-UP FORM**

Persons completing the AA/NA meetings were much more likely (3.8 times) to be abstinent than were those dropping out of AA/NA meetings.

Juveniles completing the CD aftercare programs were much more likely (3.1 times) to be substance free during the follow-up period than were those dropping out of CD aftercare programs.

Persons completing the outpatient mental health programs were much more likely (6.7 times) to be abstinent than were those dropping out of the mental health programs.

Former CD program participants who had completed family counseling programs while on aftercare were much more likely (4.7 times) to be abstinent than were those who had drop out of family counseling programs.

#### **CLIENT ASSESSMENT FORM**

Clients with high ratings of the group counseling in the treatment programs were more likely to be substance free than were those with low ratings.

Former CD program participants who had high ratings for the films/videos were more likely to be abstinent than were those with low ratings.

Clients who didn't think that the treatment programs were too long were more likely to be substance free than were those who felt that the program was too long.

#### **COUNSELOR ASSESSMENT FORM**

Counselors' perceptions of the clients' future prospects of being substance free were related to subsequent performance on aftercare (probation). Favorable ratings by the counselors of the clients were related to less substance use.

#### **CLIENT RATINGS OF TREATMENT PROGRAM AND DEMOGRAPHIC FACTORS**

Age was somewhat related to ratings of the program, although all age groups had favorable opinions about the program. Younger clients rated the overall program higher than did older youth.

Overall, gender was not significantly related to ratings of the program. Males and females had favorable opinions concerning the rated aspects of the programs. Males did rate the counselors as being more helpful and the information presented as being more useful.

Generally, race was not related to ratings of the program.

People from each category had similar, favorable opinions concerning the program. White clients did rate the facilities as being better than did Native Americans.

#### **JCA RATINGS AND OUTCOME SUCCESSES**

JCAs' assessments of relationships with those whom the clients resided were significantly related to abstinence, arrests, and violations of aftercare. The officers' perceptions were closely related to the performance of the clients. High ratings by the officers were associated with good outcomes (less substance use, fewer arrests, fewer violations, and fewer revocations).

JCAs' assessments of clients' relationships with family members were highly correlated with abstinence, arrests, and violations of aftercare. Again, the officers' perceptions were closely related to the performance of the clients. Good perceived relationships were correlated with good performances by the clients in each of the four areas (less substance use, fewer arrests, fewer violations, and fewer revocations).

JCAs' assessments of clients' relationships with peers were significantly related to abstinence, arrests, revocations, and violations of aftercare. The officers' perceptions quite accurately reflected the reality of the performance of the clients in these areas. High ratings by the officers were correlated with fewer arrests, less substance use, and fewer aftercare violations and revocations.

JCAs' assessments of clients' educational progress were highly correlated with abstinence, arrests, and violations of aftercare. Consistent with the other assessments officers' perceptions were closely related to the performance of clients. Good perceived educational progress was correlated with good performances (less substance use, fewer arrests, fewer violations, and fewer revocations) by the clients.

JCAs' assessments of the clients' vocational progress were highly correlated with clients' performances related to abstinence, arrests, revocations, and violations of aftercare. The officers' perceptions were closely related to the performance of the clients. Satisfactory vocational ratings were consistent with good outcomes (less substance use, fewer arrests, fewer violations, and fewer revocations).

JCAs' assessments of the clients' overall level of functioning progress were highly correlated with clients' performances related to abstinence, arrests, and violations of aftercare. The JCAs' views were highly correlated with actual performance of the clients.

**OPEN-ENDED QUESTIONS      (Responses From The Past Three Years)**

**What did you like best about the Treatment Program?**

- Counselors (84 responses)
- Talking openly, group trust and support, sharing (78 responses)
- Group sessions, group discussions, the group (75 responses)
- Movies and videos (59 responses)
- Information and knowledge received (44 responses)
- Getting help with problems (help of the group) (29 responses)
- Chance to look, learn about, understand, and examine self (32 responses)
- Learning/learned something (19 responses)
- Learned about alcohol and chemical effects (19 responses)
- Meditation, relaxation, and music therapy (14 responses)
- Tools/techniques to stay off drugs and alcohol (9 responses)
- Material/packets (8 responses)
- Dealing with feelings and problems (6 responses)
- Lectures (6 responses)
- Triggers (6 responses)
- Dealing with reality (5 responses)
- People understanding/caring (5 response)
- Program structure (5 responses)
- Thinking errors (5 responses)
- Assignments, homework (4 responses)

- Feedback (4 responses)
- Help to see I had a problem/how serious of problem (4 responses)
- Written work/writing things down (4 responses)
- Counseling (3 responses)
- Nothing (3 responses)
- Everything (3 responses)
- Fun stuff once in a while/liked fun stuff (3 responses)
- Helping or hearing others/listening to (3 responses)
- One on one counseling (3 responses)
- Relapse part (3 responses)
- Showed how to stay away/handle drugs and alcohol (3 responses)
- Activities/projects (2 responses)
- Another chance to be sober (2 responses)
- Autobiographies (2 responses)
- Choice to change (2 responses)
- Crafts (2 responses)
- Good paced, not rushed/self paced (2 responses)
- Honesty (2 responses)
- Intensity of program (2 responses)
- Learn from others (2 responses)
- Relate to others (2 responses)
- Role playing (2 responses)
- Adequate time to talk (1 response)
- Being open-minded (1 response)
- Discipline (1 response)
- Fun (1 response)
- Getting out (1 response)
- Got away from DI's (1 response)
- Got to plan and conduct group (1 response)
- Had time to work on drug problem (1 response)
- Hope to do better (1 response)
- Humor to put a point across (1 response)
- Liked it (1 response)
- No comment (1 response)
- Steps (1 response)
- Stickers (1 response)
- Teach it to others (1 response)
- To know that I am not alone (1 response)
- Transaction plans and goals
- It was an individual program (1 response)
- It was only once a week (1 response)
- Helped my perspective (1 response)
- People didn't give up on me (1 response)
- People have gone through worse (1 response)
- Taking down the wall (1 response)
- The higher power (1 response)
- The work (1 response)
- They didn't lecture (1 response)
- When I had a question there was a solution (1 response)

**OPEN-ENDED QUESTIONS      (Responses From The Past Three Years)**

**What, if anything, about the program do you think needs to be changed?**

- Nothing (121 responses)
- Longer treatment program/more time/not rushed (35 responses)
- More videos (24 responses)
- More group sessions or more often or longer (18 responses)
- Less paper work/homework (15 responses)
- Update videos (14 responses)
- Amount of work assignments (12 responses)
- More one on one (12 responses)
- More information (9 responses)
- More talking/discussion (8 responses)
- Length (8 responses)
- Time (8 responses)
- Schedule change (more days, fewer hours, time of day, more intense, etc.) (7 responses)
- Videos (7 responses)
- Food (5 responses)
- More activities (5 responses)
- More meditation (5 responses)
- Organization (5 responses)
- Not sure or N/A (2 responses)
- More participation (3 responses)
- Workbook or some material hard to understand (3 responses)
- All irrelevant material/off topic discussions (2 responses)
- Environment (2 responses)
- Facilities (bigger) (2 responses)
- Twelve steps (3 responses)
- Fewer lectures (2 responses)
- More about the steps (2 responses)
- More class work (2 responses)
- More family time (2 responses)
- More info/videos on effects of drugs (2 responses)
- More meetings (2 responses)
- More time to self/more work time (2 responses)
- NA (4 responses)
- Negative behavior of clients (2 responses)
- People being kicked out (2 responses)
- PRI (2 responses)
- Repetition (2 responses)
- Rooms (2 responses)
- Stop switching counselors (2 responses)

- Take homes for remembering (2 responses)
- A continuous structure (1 response)
- More at Quest, less at Adept (1 response)
- Attendance of counselors (1 response)
- Blinds on windows to block DI's (1 response)
- Clients should run it more (1 response)
- Consistent rules (1 response)
- Counselor more open to group ideas (1 response)
- Get ride to PRI program (1 response)
- Data presentation (1 response)
- Focus more on CD issues (1 response)
- Less talking (1 response)
- Less time processing (1 response)
- Little bit of the information given (1 response)
- Medical effects of drugs and alcohol (1 response)
- More about meetings when home (1 response)
- More based on problems with emotional (1 response)
- More fun/interesting (1 response)
- More groups held outdoors (1 response)
- More homework (1 response)
- More on how to stay sober (1 response)
- More on relapse (1 response)
- More outings (1 response)
- More teamwork (1 response)
- More visual descriptions (1 response)
- More visits every week (1 response)
- More would help me in recovery (1 response)
- Need more juveniles to teach this (1 response)
- Need to get rid of fronts they have (1 response)
- New markers (1 response)
- No relaxation types, music (1 response)
- Not mandatory (1 response)
- Part about having a good attitude (1 response)
- People choose what help they need (1 response)
- Regular daily inventory (1 response)
- Shorter treatment (1 response)
- Shorter groups (1 response)
- Sitting for so long (1 response)
- Smaller AA groups (1 response)
- Talk about problems, not workbook assignments (1 response)
- Teacher method of teaching (1 response)
- The talking (1 response)
- Use the bean bags (1 response)
- Work on packets in groups (1 response)



### **Demographic Information From Adolescent History Form**

Information from the history form was available for 619 adolescents who were in a DOC sponsored treatment programs.

### **Substance Use Frequency**

Alcohol, marijuana, and tobacco were the most commonly used substances of those for whom information was available. A vast majority (87.0%) had used alcohol, 83.5 percent had tried marijuana with 35.1 percent using daily. Many (86.1%) reported tobacco use.

<b>Substance</b>	<b>None</b>	<b>Rarely &lt; 1 Month</b>	<b>1-3 Times Month</b>	<b>1-5 Days Week</b>	<b>6-7 Days Week</b>
Alcohol	79 (13.0%)	85 (14.0%)	198 (32.6%)	198 (32.6%)	48 (7.9%)
Marijuana	100 (16.5%)	73 (12.0%)	72 (11.9%)	149 (24.6%)	213 (35.1%)
Barbiturates	472 (79.3%)	58 (9.8%)	34 (5.7%)	17 (2.9%)	14 (2.4%)
Stimulants	397 (66.8%)	93 (15.7%)	47 (7.9%)	31 (5.2%)	26 (4.4%)
Tranquillizers	533 (89.9%)	47 (7.9%)	8 (1.4%)	5 (0.8%)	0 (0.0%)

Hallucinogens	420 (70.6%)	109 (18.3%)	40 (6.7%)	17 (2.9%)	9 (1.5%)
Painkillers	461 (77.6%)	75 (12.6%)	36 (6.1%)	16 (2.7%)	6 (1.0%)
Opiates	518 (87.4%)	52 (8.8%)	17 (2.9%)	4 (0.7%)	2 (0.3%)
Cocaine	442 (73.9%)	98 (16.4%)	35 (5.9%)	15 (2.5%)	8 (1.3%)
Inhalants/Glue	498 (83.7%)	66 (11.1%)	16 (2.7%)	12 (2.0%)	3 (0.5%)
Over Counter	437 (73.2%)	76 (12.7%)	47 (7.9%)	25 (4.2%)	12 (2.0%)
Tobacco	84 (13.9%)	19 (3.1%)	22 (3.6%)	40 (6.6%)	441 (72.8%)

### Age of Onset of Substance Use

The average age of persons starting any substance use was about 11.8 years old with smoking cigarettes being the youngest and marijuana the oldest starting dates.

Question On Age	Average Age
How old were you when you started drinking alcohol?	12.0
How old were you when you started using marijuana?	12.4
How old were you when you started using any other drugs?	11.7
How old were you when you started smoking cigarettes?	11.1

### Substance Use/Social Use Patterns

A strong majority (83.1%) of the clients reported that half or more of their friends used alcohol or other drugs.

<b>How Many of Your Friends Use Alcohol or Other Drugs?</b>	<b>Number of Cases</b>	<b>Percents</b>
None	6	1.0%
Less Than One-Half	99	16.0%
About One-Half	160	25.9%
Over One-Half	151	24.4%
Nearly All	203	32.8%

### **Alcohol Or Drug Use During Activities**

More than one-half (61.3%) of those completing the questionnaire indicated that they used alcohol or drugs at school. Nearly all (97.2%) of the clients drank alcohol or used drugs with their friends, over one-half (51.3%) used substances with their siblings, and about one-fourth (22.1%) used drugs or drank with their parents.

<b>How Often Do You Use Alcohol or Drugs During Activities?</b>	<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Always</b>
At School	38.7%	38.1%	15.6%	7.6%
With Parents	77.9%	18.7%	1.5%	2.0%
With Siblings	48.7%	35.1%	11.4%	4.9%
With Friends	2.8%	9.2%	33.7%	54.4%
With Others	21.2%	31.2%	23.5%	24.1%

### **Substance Use Confrontations**

Those most likely to 'often' confront persons about alcohol or drug use were parents, social workers/probation officers, and other relatives.

<b>How Often Have You Been Confronted About Your Use of Alcohol or Drugs By the Following:</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
Parents	16.1%	37.8%	46.1%
Siblings	36.7%	39.9%	23.4%
Other Relatives	38.0%	36.3%	25.7%
School Personnel	62.6%	26.6%	10.8%
Friends	38.4%	43.9%	17.7%
Social Worker/P.O.	38.1%	30.5%	31.4%

### **Emotional/Psychological Difficulties - Past Year**

The major emotional problems in the past year were: depression (54.3%), restlessness (50.7%), lack of energy (47.8%), tension (47.4%), sleep problems (46.8%), and nervousness (46.8%).

<b>In the Past Year Have You Been Frequently Troubled By the Following:</b>	<b>Number of Cases</b>	<b>Percent Yes</b>
Nervousness	605	46.8%
Tension	606	47.4%
Restlessness or Irritability	609	50.7%
Depression	610	54.3%
Suicidal Thoughts	613	20.7%
Sleep Problems	611	46.8%
Lack of Energy	611	47.8%
Panic/Anxiety Attacks	621	32.9%

Starved Yourself to Loose Weight	618	2.9%
Binge Eating/Forced Vomiting	619	3.1%
Attempted to Kill Yourself	618	11.7%

### **Lifetime Stressors**

The most frequently mentioned stressors in lifetime were: death of a close friend (54.5%), separation of parents (47.5%), and divorce of parents (41.5%).

<b>Stressor</b>	<b>Number of Cases</b>	<b>Percent With Stressor</b>
Death of a Parent	580	11.6%
Death of a Sibling	586	15.7%
Death of a Close Friend	589	54.5%
Divorce of Parents	586	41.5%
Separation of Parents	581	47.5%
Remarriage of Parent	579	27.3%

### Past Year Stressors

The most commonly mentioned past year stressors included loss of a close friendship (52.8%) and serious family financial problems (24.3%).

Stressor	Number of Cases	Percent With Stressor
Serious Family Financial Problems	604	24.3%
Serious Injury to Self	604	14.7%
Serious Illness in Self	603	8.1%
Loss of Close Friendship	606	52.8%

### Self Perceptions

The most positive perceptions were parents' love, respect for themselves, liked how they look, friends' respect for them, and took care of themselves physically.

Self Image	Rarely	Sometimes	Often	Usually
Do You Take Care of Yourself Physically?	4.2%	13.3%	32.1%	50.4%
Do You Like the Way You Look?	4.7%	17.1%	25.3%	52.9%
Do You Consider Yourself Attractive?	8.7%	23.5%	25.2%	42.5%
Do You Respect Yourself?	2.9%	13.6%	28.8%	54.8%
Are You Ashamed of Yourself?	49.2%	38.1%	8.5%	4.2%
Do You Hate Yourself?	74.5%	20.4%	3.0%	2.2%
Do You Feel Like Killing Yourself?	88.4%	8.2%	1.2%	2.2%

Do Your Parents Respect You?	4.4%	13.6%	32.6%	49.5%
Are Your Parents Ashamed of You?	61.4%	28.9%	6.5%	3.3%
Do Your Friends Respect You?	5.0%	12.9%	31.6%	50.5%
Do Your Parents Love You?	2.4%	1.7%	10.1%	85.9%

### Religious Involvement

Most (61.0%) of the clients had formal religious training.

Have You Had Any Formal Religious Training?	Number of Cases	Percent
Yes	379	61.0%
No	242	39.0%

A majority (59.3%) of the clients attended religious services within the Last Month.

How Long Since You Attended Religious Services?	Number of Cases	Percent
Over a Year Ago	137	23.1%
Within Last Year	104	17.6%
Within Last Month	351	59.3%

More than one-third (41.0%) of the clients typically attended religious services weekly.

<b>How Often Do You Typically Attend Religious Services?</b>	<b>Number of Cases</b>	<b>Percent</b>
Never	143	23.3%
Several Times a Year	129	21.0%
1-3 Times a Month	91	14.8%
Weekly	252	41.0%

### **General Relationships**

The clients had their best relationships with siblings, mothers, and fathers.

<b>Person</b>	<b>Mostly Fight</b>	<b>Avoid One Another</b>	<b>Get Along</b>	<b>Close</b>	<b>Not Applicable</b>
Mother	4.4%	5.7%	28.2%	55.3%	6.4%
Father	3.7%	9.5%	29.9%	30.8%	26.1%
Stepmother	4.0%	7.2%	14.7%	6.4%	67.6%
Stepfather	5.2%	8.0%	19.3%	10.7%	56.9%
Siblings	3.7%	4.4%	28.6%	57.9%	5.5%

### **General Relationships Adjusted After Removing Not Applicable**



The clients had their best relationships with siblings, mothers, and fathers. The worst relationships were between clients and their stepfathers and/or stepmothers.

<b>Person</b>	<b>Mostly Fight</b>	<b>Avoid One Another</b>	<b>Get Along</b>	<b>Close</b>
Mother	4.7%	6.1%	30.1%	59.1%
Father	5.0%	12.9%	40.5%	41.6%
Stepmother	12.4%	22.4%	45.3%	19.9%
Stepfather	12.0%	18.4%	44.7%	24.9%
Siblings	3.9%	4.6%	30.3%	61.2%

## **TWELVE MONTH FOLLOW-UP: YEAR 2003**

### **Introduction**

A follow-up form was completed on juveniles who were in programs (i.e., boot camp, chemical dependency, etc.) sponsored by Juvenile Corrections of the South Dakota Department of Corrections. The forms were completed by the Juvenile Corrections Officers (JCA's) on persons who had completed the programs and were placed on aftercare. In general the forms were to be completed at the one-year anniversary. The actual average follow-up time was more than one year (397 days) for this particular report (12 month follow-ups). The follow-up time was defined as: the time between the date released from the last program (e.g., boot camp) and the date of completion of the survey for successful persons or the date of revocation or other unsuccessful events. Some juveniles had completed programs and some had been revoked before a year was up and were subsequently placed in another program. These persons were tracked from the completion of subsequent programs, also. It was a challenge to track these people and get the appropriate sequence of forms. Since people could have been in the follow-up process several times, the focal point (unit of analysis) was the release from programs, not individuals per se.

The results of the twelve month follow-up forms were based on 399 persons who had one-year follow-up forms completed for them by JCA's during the past 12 months, except as noted. Not all of the information was available on all persons. The past 12 months will be referred to as Year 2003 in this report. The results presented below are based on the information tabulated on 123 females and 275 males.

### **Demographic Information**

About one-third (30.9%) of the clients were females and a majority (69.1%) were males.

#### **GENDER**

<b>Gender</b>	<b>Number of Cases</b>	<b>Percent</b>
Males	275	69.1%
Females	123	30.9%
Total	398	

More than two-thirds (67.0%) of the program participants who were part of the study were Whites, about one-fourth (25.9%) were Native Americans, and the other (7.1%) clients were classified as 'Others.'

#### **RACE**

<b>Race</b>	<b>Number of Cases</b>	<b>Percent</b>
Nat Americans	103	25.9%
Whites	266	67.0%
Others	28	7.1%
Total	397	

Over one-half (57.3%) of the program participants during this reporting period were 18 years old and older. Only 19 persons were between 11 and 15 years old and about two-fifths (37.9%) were between 16 and 17 years old. The average age of the program participants was about 17 years.

**AGE**

<b>Age</b>	<b>Number of Cases</b>	<b>Percent</b>
11-15 Years Old	19	4.8%
16-17 Years Old	151	37.9%
18 And Over	228	57.3%
Total	398	

**SJS**

The largest proportion (38.9%) of the juveniles was in the Case Control SJS category. More than one-fourth (26.4%) were assigned as Selective Intervention, 13.2 percent were described as Limited Setting, and the smallest percentage (12.2%) were judged as in the Environmental Structure category. DOC has dropped this classification methodology in the last year, resulting in fewer responses to this question.

<b>SJS Category</b>	<b>Number of Cases</b>	<b>Percent</b>
Case Control	109	38.9%
Environmental Structure	36	12.9%
Selective Intervention	74	26.4%
Limited Setting	37	13.2%
Not Applicable	24	8.6%
TOTAL	280	

**Class Category**

About one-half (50.3%) of the juveniles were rated as Low Institutional Risk/High Community Risk. About one-fifth (19.0%) were viewed as Low Institutional Risk/Low Community Risk, 18.3% were rated as Low Institutional Risk/Medium Community Risk, and

9.3% were perceived as Medium Institutional Risk. The smallest percent (3.0%) of persons were judged in the High Institutional Risk category. DOC has dropped this classification methodology in the last year, resulting in fewer responses to this question.

<b>Class Category</b>	<b>Number of Cases</b>	<b>Percent</b>
High Institutional Risk	9	3.0%
Medium Institutional Risk	28	9.3%
Low Inst. Risk/High Community Risk	151	50.3%
Low Inst. Risk/Medium Community Risk	55	18.3%
Low Inst. Risk/Low Community Risk	57	19.0%
TOTAL	300	

#### **Facility Code - First Facility**

The programs in which the juveniles were placed immediately prior to release to aftercare were listed on the follow-up form. Some (12.0%) of those were in three programs, others (33.8%) were in two programs, and more than one-half (54.1%) were in one program. The first facility listed represents the program immediately prior to release. Boot Camp (29.9%), Lamont Intensive - Quest (6.0%) CYCC Living Center A (5.0%), and Our Home (5.0%) were the most commonly mentioned facilities/programs. The names of the DOC programs located at Custer have been renamed recently.

<b>First Facility</b>	<b>Number of Cases</b>	<b>Percent</b>
Boot Camp	119	29.9%
Lamont Intensive - Quest	24	6.0%
CYCC Living Center A	20	5.0%
Our Home - CD	20	5.0%
All Others	215	54.0%
Total	398	

#### **Facility Code - Second Facility**

The second facility listed represents the program (or facility) preceding the program immediately prior to release. Boot Camp (26.2%) and CYCC Living Center (6.4%) were the most commonly mentioned facilities/programs.

<b>Second Facility</b>	<b>Number of Cases</b>	<b>Percent</b>
Boot Camp	37	26.2%
CYCC Living Center A	9	6.4%
Turning Point CD	8	5.7%
Our Home CD	8	5.7%
All Others	79	56.0%
Total	141	

**Current Aftercare Status (at the Time of the Survey or at the Time of Successful or Unsuccessful Completion)**

Of the 399 persons, about one-third (33.1%) were currently in aftercare, 31.8 percent had been discharged successfully, and 19.3% had been revoked.

<b>Status</b>	<b>Number of Cases</b>	<b>Percent</b>
Currently on Aftercare	132	33.1%
Discharged Successfully	127	31.8%
Discharged Unsuccessfully - Due to Adult Charges	25	6.3%
Aftercare Revoked	77	19.3%
Absconded	16	4.0%
Direct Discharge from Facility - No Aftercare	1	0.3%
On Interstate Compact Supervision	4	1.0%
Resides Out of State, No Interstate Compact	0	0.0%
Other	17	4.3%
TOTAL	399	

### **Violated Technical Provisions of Aftercare**

During this follow-up period, most (53.7%) of the juveniles violated at least one aspect of their aftercare provisions. The rate for this year was less than the violation rate (58.8%) for all years. The most common violations were curfew, drugs/alcohol, AWOL/absconded/runaway/failed to show, and problems at school.

	<b>Yes</b>	<b>No</b>
Technical Violation	211 (53.7%)	182 (46.3%)

### **Arrested for New Offenses/Charges**

Almost one-third (31.3%) of the persons in the follow-up study were arrested for new charges. The rate for this year was less than the arrest rate (36.0%) for all years. The most common charges were drugs/alcohol, theft/burglaries, and assault.

	<b>Yes</b>	<b>No</b>
New Charges/Offenses	124 (31.3%)	272 (68.7%)

### **Reasons for Revocation of Aftercare**

The category of Technical Violations was the most common reason for revocation of aftercare. The revocation rate of was 27.3%. The rate for this year was less than the revocation rate (29.6%) for all years. This number (109) is slightly different from the percent of revocations listed under current aftercare status.

<b>Reason</b>	<b>Number of Cases</b>	<b>Percent</b>
Technical Violations	58	53.2%
New Offenses	15	13.8%

Both Technical and New Charges	36	33.0%
Total	109	

#### **Living Arrangement (While on Aftercare)**

In delineating the client's living status during the follow-up period, it was found that Living with Mother (37.7%) was the most common situation, followed by Living with Both Parents (16.7%).

#### **CLIENT'S CURRENT LIVING STATUS**

<b>LIVING STATUS</b>	<b>NUMBER</b>	<b>PERCENT</b>
Both Parents	66	16.7%
Mother	149	37.7%
Father	39	9.9%
Spouse	0	0.0%
Other Family	35	8.9%
Living Independently	38	9.6%
Job Corp	20	5.1%
Other	44	11.1%
In placement	4	1.0%
Total	395	

## Health Problems

Mental or physical health problems were not major concerns for this group of youth, although about 10.9 percent were characterized as having mental health problems.

Problem	Number of Cases	Percent With Problem
Medical Health	15	3.9%
Mental Health	42	10.9%
Both Medical and Mental	7	1.8%

## Educational and Employment Status

The educational status is reported below for surveys received this assessment period. About one-fourth (24.3%) were attending public schools, and 24.5% had received their high school diploma.

EDUCATIONAL STATUS	NUMBER	PERCENT
Attending Public School	90	24.3%
Alternative School	42	11.3%
Attending GED Program	68	18.3%
Attending Vocational School	3	0.8%
Post Secondary School	5	1.3%
Dropped Out	32	8.6%
Suspended	3	0.8%
Enrollment Pending	1	0.3%
High School Diploma Received	91	24.5%
GED Completed	36	9.7%
Total	371	

About one-half (44.7%) of the clients were employed with either part- or full-time work. Of those for whom information



was available (n = 85), the average wage was \$6.69/hour with a range from \$3.00 to \$13.54 per hour. The most common jobs listed were: laborers, cooks, clerks, cashiers, and waiters.

<b>EMPLOYMENT STATUS</b>	<b>NUMBER</b>	<b>PERCENT</b>
Employed Full-Time	62	16.3%
Employed Part-Time	108	28.4%
Not Employed, But Should Be	69	18.2%
Not Employed, But Seeking Job	64	16.8%
Not Employed, Not Required To Be	77	20.3%
Total	380	

#### **Community-based Services Received By Those On Aftercare**

About one-half (48.0%) of the juveniles received some chemical dependency services while on aftercare.

#### **CHEMICAL DEPENDENCY AFTERCARE**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	205	52.0%
Attending	59	15.0%
Did Not Complete	76	19.3%
Completed	54	13.7%
Total	394	

A few (2.3%) were involved in a mentoring aftercare program.

#### **NATIONAL GUARD MENTOR PROGRAM**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	386	97.7%
Attending	6	1.5%

Did Not Complete	3	0.8%
Completed	0	0.0%
Total	395	

Less than one-seventh (12.7%) participated in outpatient mental health treatment programs.

#### **OUTPATIENT MENTAL HEALTH TREATMENT**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	344	87.3%
Attending	33	8.4%
Did Not Complete	11	2.8%
Completed	6	1.5%
Total	394	

Some clients (14.7%) were reported to be involved in home-based mental health services.

#### **HOME-BASED MENTAL HEALTH SERVICES**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	337	85.3%
Attending	41	10.4%

Did Not Complete	10	2.5%
Completed	7	1.8%
Total	395	

More than one-fifth (21.1%) of the persons either attended, completed, or dropped out of the family counseling programs.

#### **FAMILY COUNSELING**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	310	78.9%
Attending	50	12.7%
Did Not Complete	15	3.8%
Completed	18	4.6%
Total	393	

More than one-third (35.7%) of those on aftercare participated in AA/NA meetings.

#### **AA/NA MEETINGS**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	253	64.2%
Attending	75	19.0%
Did Not Complete	49	12.4%
Completed	17	4.3%
Total	394	

Some (6.9%) of those for whom information was available were part of the weekend reporting program.

#### **AFTERCARE/WEEKEND REPORTING PROGRAM**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	364	93.1%

Attending	18	4.6%
Did Not Complete	4	1.0%
Completed	5	1.3%
Total	391	

About one in five (19.4%) of the clients were involved in intensive family services.

#### **FAP/INTENSIVE FAMILY SERVICES**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	315	80.6%
Attending	4	1.0%
Did Not Complete	9	2.3%
Completed	63	16.1%
Total	391	

About one-tenth (9.6%) of those on aftercare participated in community service work projects.

#### **COMMUNITY SERVICE WORK PROJECTS**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	352	90.5%
Attending	12	3.1%
Did Not Complete	8	2.1%
Completed	17	4.4%
Total	389	

Some (5.4%) of the juveniles participated in the electronic monitoring.

#### **ELECTRONIC MONITORING**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	364	94.5%

Attending	2	0.5%
Did Not Complete	4	1.0%
Completed	15	3.9%
Total	385	

Some (13.9%) of those on aftercare completed or were currently attending outpatient chemical dependency treatment programs, while a few (5.8%) did not complete the program.

#### **OUTPATIENT TREATMENT PROGRAM**

	<b>CASES</b>	<b>PERCENT</b>
Did Not Receive	316	80.2%
Attending	23	5.8%
Did Not Complete	23	5.8%
Completed	32	8.1%
Total	394	

#### **Chemical Use**

During the follow-up period, alcohol (52.6%) was the most frequently used drug, followed by marijuana (46.3%).

<b>Drug</b>	<b>Did Not Use</b>	<b>Used Once</b>	<b>Used Occasionally</b>	<b>Used Frequently</b>
Alcohol	47.4%	8.6%	28.0%	16.1%
Marijuana	53.7%	7.1%	22.7%	16.6%
Inhalants	95.1%	2.3%	1.0%	1.6%
Cocaine	93.8%	1.8%	0.5%	3.9%
Stimulants	92.3%	1.8%	3.3%	2.6%
Other	98.2%	0.0%	0.3%	1.5%

#### **Tested For Alcohol/Drugs**

About four-fifths (79.8%) of those on aftercare were tested

for alcohol/drugs.

Tested	Number	Percent
Yes	316	79.8%
No	80	20.2%
Total	396	

Of those for whom information was available, 97 (30.7%) tested positive for at least one substance. The most frequent drugs found during testing were marijuana/THC and alcohol.

Results of Tests	Number	Percent
Positive	97	30.7%
Negative	216	69.3%
Total	316	

There was a significant relationship between how well clients got along with persons in the household where they resided and the frequency of arrests, aftercare violations, and revocations. Persons who had 'Good' relationships were arrested only 18.9 percent of the time and violated aftercare at a rate of 39.1 percent; whereas, those judged to have 'Poor' relationships had much higher arrest (53.2%) and aftercare violation rates (75.8%). The revocation rates followed the same pattern.

#### **Relationship Where Juvenile Resides**

	Good	Fair	Poor
Percent Arrested	18.9%	35.1%	53.2%
Aftercare Violations	39.1%	61.5%	75.8%
Revoked	14.9%	31.9%	51.8%

There was also a significant relationship between how well persons related to family members not living with them and arrest rates, aftercare violations, and revocation rates. Nearly one-half (43.4%) of those with 'Poor' family relationships were arrested and 70.1% violated aftercare. In comparison, less than one-fifth (19.1%) of those with 'Good' family relationships were arrested and only 37.7% violated aftercare. Those with 'Good' family relationships had low (18.0%) revocation rates.

**Relationships With Family Not Living With Juvenile**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	19.1%	34.3%	43.4%
Aftercare Violations	37.7%	58.6%	70.1%
Revoked	18.0%	27.3%	44.2%

Progress in academic and employment pursuits was also related to the outcome measures of arrests, aftercare violations, and revocation rates. As with the other areas mentioned, those with 'Good' performance levels were much less likely to have negative outcomes than were those with 'Poor' performance measures. Less than one-fourth (22.6%) of those rated as 'Good' in the academic area were arrested, but about one-half (45.1%) of those rated poorly were arrested during the follow-up period and 77.5 percent violated aftercare. The revocation rates were much lower for those with 'Good' academic progress ratings.

**Progress/Achievement in Academic Area**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	22.6%	31.8%	45.1%
Aftercare Violations	37.2%	59.3%	77.5%
Revoked	21.8%	29.9%	40.2%

Those with 'Good' ratings in Employment had lower arrests, aftercare violation, and revocations. 'Good' progress equated to low failure rates, while 'Fair' and 'Poor' progress resulted in higher failure rates.

**Progress/Satisfaction in Employment**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	16.3%	32.8%	46.6%
Aftercare Violations	34.4%	57.6%	73.0%
Revoked	14.6%	22.1%	37.9%

Those with 'Poor' relationships with peers were much more likely to be arrested, violate aftercare, or have aftercare revoked (48.7%, 83.5%, and 55.7%, respectively). Juveniles with 'Good' peer relations were much less likely to be arrested, violate aftercare, and be revoked (18.2%, 34.5%, and 14.0%, respectively).

**Relationships With Peers**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	18.2%	36.8%	48.7%
Aftercare Violations	34.5%	59.3%	83.5%

Revoked	14.0%	26.5%	55.7%
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Consistent with all other findings in this section, there was a strong correlation between overall perceived functioning and the likelihood of being revoked, arrested or violating aftercare. All differences reported in this section are statistically significantly ( $p > .001$ ). Those judged as functioning on the 'Good' overall level had low arrest, violation, and revocation rates. Juveniles perceived to be doing poorly had arrest, aftercare, and revocation rates of 60.0 percent, 85.1 percent, and 52.5 percent, respectively.

#### **Overall Level of Functioning**

	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Percent Arrested	13.0%	29.8%	60.0%
Aftercare Violations	29.5%	57.6%	85.1%
Revoked	9.0%	27.7%	52.5%

Males had a significantly ( $p = .001$ ) higher arrest rate than females, but there were no significant differences found between gender and aftercare or revocation rates.

#### **Gender**

	<b>Female</b>	<b>Male</b>
Percent Arrested	19.7%	36.3%
Aftercare Violations	52.1%	54.2%
Revoked	26.0%	28.0%

For this reporting period there were no statistically significant differences between ethnicity and arrests, aftercare and revocation rates.

#### **Ethnicity**

	<b>Native American</b>	<b>Other</b>	<b>White</b>
Percent Arrested	36.9%	28.6%	29.7%
Aftercare Violations	55.9%	50.0%	53.6%
Revoked	30.1%	25.0%	26.7%



Persons ages 12 to 15 had higher revocation rates (42.1%) but lower arrest rates (21.1%) while youth 18 and over had the lowest revocation rate (16.7%) and aftercare violation rate (47.1%), but had the second highest arrest rate (31.7%).

#### **Age**

	<b>12-15</b>	<b>16-17</b>	<b>18 and Over</b>
Percent Arrested	21.1%	32.2%	31.7%
Aftercare Violations	63.2%	62.7%	47.1%
Revoked	42.1%	41.7%	16.7%

For this reporting period the SI group had lower rates for arrests, aftercare violations, or revocations.

#### **SJS**

	<b>CC</b>	<b>ES</b>	<b>LS</b>	<b>SI</b>
Percent Arrested	33.9%	41.7%	21.6%	14.9%
Aftercare Violations	63.9%	55.6%	62.9%	38.9%
Revoked	33.9%	41.7%	21.6%	14.9%

There were no statistically significant differences in arrests, aftercare violations or revocations by Risk Class categories, although (as would be expected) the 'High' risk class had higher non-significant rates for arrests and revocations. The low number of cases for the 'High' group inhibited the likelihood of statistical significance.

#### **Risk Class**

	<b>High</b>	<b>Medium</b>	<b>L/H</b>	<b>L/M</b>	<b>L/L</b>
Percent Arrested	55.6%	25.0%	29.3%	20.4%	34.0%
Aftercare Violations	44.4%	57.1%	58.2%	50.9%	56.3%
Revoked	100.0%	22.2%	31.1%	21.8%	20.8%

### **Employment And Success**

Those who were working had greater success (e.g., fewer arrests, fewer aftercare violations, and fewer revocations) than did those who were not working. All these differences were statistically significant ( $p < .001$ ).

	Working Status While On Aftercare			
	Working Full Time	Working Part Time	Not Working Not Looking	Not Working But Looking
Percent Arrested	14.8%	27.8%	52.2%	33.3%
Percent Violating Aftercare	31.7%	55.1%	73.9%	52.3%
Percent Revoked	8.1%	25.9%	39.1%	26.6%

All results were statistically significant.

### **Living Arrangement And Success**

For this reporting period, living arrangements and outcome results for arrests and violating aftercare were not statistically significant, while those living independently had the best revocation rates. Juveniles reported to be living independently had some of the best outcomes (i.e., fewer arrests and less aftercare violations), although only the differences for revocations were statistically significant. These differences were at least partially due to age and maturity of the clients living independently, since older persons tended to perform better than younger persons.

	<b>Living Situation While on Aftercare - Actual</b>				
	<b>Both Parents</b>	<b>Mother</b>	<b>Father</b>	<b>Other Family</b>	<b>Living Independent</b>
Percent Arrested	31.8%	31.1%	30.8%	31.4%	29.7%
Percent Violating Aftercare	59.1%	50.0%	61.5%	60.0%	43.2%
Percent Revoked	37.9%	24.2%	23.1%	34.3%	13.2%

Because of the differences in outcome performance by age, sex, and risk classifications, an adjustment was made in the rates with statistical procedures (analysis of covariance, GLM). The rates for those 'Living Independently' were adjusted upward to reflect the age and other factor differences in the groups. The overall results for adjusted values were similar to those found with actual rates. There were no consistent patterns of violations by living situation, after controlling for age, sex, and risk classification.

	<b>Living Situation While on Aftercare-Adjusted Rates</b>				
	<b>Both Parents</b>	<b>Mother</b>	<b>Father</b>	<b>Other Family</b>	<b>Living Independent</b>
Percent Arrested	29.5%	29.3%	31.0%	34.8%	35.9%
Percent Violating Aftercare	58.1%	48.7%	60.3%	60.7%	49.4%
Percent Revoked	36.5%	22.9%	20.2%	33.8%	24.4%

## Differences By Completer Status

For this reporting period, there were some minor differences in those completing the last program before aftercare by demographic characteristics. Those with 'High' or 'Medium' risk classification were less likely to complete programs than were those in the lower risk categories.

Factors		Completer		Statistically Significant
		Yes	No	
Race	Indian	89.1%	10.9%	No
	Other	100.0%	0.0%	
	White	93.5%	6.5%	
Gender	Females	91.8%	8.2%	No
	Males	93.3%	6.7%	
Class	High	88.9%	11.1%	Yes
	Med	74.1%	25.9%	
	L/H	95.3%	4.7%	
	L/M	96.3%	3.7%	
	L/L	93.8%	6.3%	
SJS	CC	92.6%	7.4%	No
	ES	91.4%	8.6%	
	LS	97.2%	2.8%	
	SI	94.5%	5.5%	
New Charges	Yes	95.1%	4.9%	No
	No	91.8%	8.2%	
Violated Aftercare	Yes	93.7%	6.3%	No
	No	91.7%	8.3%	

<b>Revoked</b>	Yes	95.3%	4.7%	No
	No	92.0%	8.0%	

### **Chemical Dependency Aftercare And Outcome Success**

Those who completed (or were attending) chemical dependency aftercare had much greater success (e.g., lower arrest rates, less aftercare violations, and fewer revocations) than did those who dropped out.

	<b>Chemical Dependency Aftercare</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested		32.8%	51.3%	20.4%
Percent Violating Aftercare		56.9%	74.7%	35.8%
Percent Revoked		35.6%	44.7%	14.8%

All results were statistically significant.

### **Outpatient Mental Health Services And Outcome Success**

Those who received outpatient mental health services had much greater success (e.g., fewer arrests, less aftercare violations, and lower revocation rates) than did those who did not complete the services, although the results were not statistically significant.

	<b>Outpatient Mental Health Services</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested		21.9%	45.5%	0.0%
Percent Violating Aftercare		66.7%	81.8%	66.7%
Percent Revoked		30.3%	45.5%	16.7%

All results were statistically significant.

### Home-Based Mental Health Services And Outcome Success

Considering the 12-month follow-up period, it was found that those who received home-based mental health services had greater success (e.g., fewer arrest) than did those who did not.

	Home-Based Mental Health Services			
	Did Not Receive	Attending	Did Not Complete	Completed
Percent Arrested		26.8%	70.0%	14.3%
Percent Violating Aftercare		70.7%	100.0%	57.1%
Percent Revoked		39.0%	60.0%	42.9%

Only arrests were statistically significant.

### Family Counseling Services And Outcome Success

Those who received family counseling services, while on aftercare, were more successful (e.g., fewer arrests, less aftercare violations, and fewer revocations) than were those who did not complete the services, although the results were not statistically significant.

	Family Counseling Services			
	Did Not Receive	Attending	Did Not Complete	Completed
Percent Arrested		26.5%	35.7%	5.6%
Percent Violating Aftercare		61.2%	80.0%	47.1%
Percent Revoked		42.0%	33.3%	22.2%

All results were statistically significant.

### AA/NA Meetings And Outcome Success

A key factor in successful aftercare outcomes was attendance at AA and/or NA meetings. Those who were attending meetings as scheduled or required had much greater success (e.g., lower arrest rates, less aftercare violations, and fewer revocations) than did those who dropped out of the meetings.

	<b>AA/NA Meetings</b>			
	<b>Did Not Receive</b>	<b>Attending</b>	<b>Did Not Complete</b>	<b>Completed</b>
Percent Arrested		33.8%	59.2%	23.5%
Percent Violating Aftercare		52.8%	73.5%	23.5%
Percent Revoked		29.3%	51.0%	17.6%

All results were statistically significant.

## **Comparison By Program**

### **Arrests**

The four programs with the highest number of clients were

compared. There were no significant differences between the rates of the four programs. Because some variables (age, gender, risk classification) were related to the outcome factors (arrests, violations, revocations), the rate values were adjusted (via analysis of covariance, regression) to account for group differences in the three important covariates. The charts below list the actual rates and the adjusted rates for persons on aftercare in 2003 only and all those (1997-2003) for whom information was available. There were 170 persons who had been in one of the five programs in 2003, and 892 persons who had been in one of the five programs since 1997.

It was found that there were no statistically significant differences in the adjusted rates for arrests in the 2003 group or the combined group.

#### **Arrests Rates**

Program	Adjusted 2003	Actual 2003	Significant	Adjusted 1997-2003	Actual 1997-2003	Significant
BC	35.7%	35.7%	No	41.8%	43.3%	No
OC	37.3%	36.8%	No	39.9%	36.4%	No
LC	41.8%	40.0%	No	38.0%	39.2%	No
LI	22.8%	25.0%	No	39.2%	31.6%	No
Overall 2003			Overall 1997-2003			p = .01
Program 2003			Program 1997-2003			p = .13

Overall = overall model consisted of the programs and covariates  
Program = differences among the various programs

BC = CYCC Boot Camp  
OC = Our Home CD  
LC = CYCC Living Center A  
LI = Lamont Intensive/Quest

#### **Aftercare Violations**

It was found that there were no statistically significant differences in the adjusted rates for arrests in the 2003 group or for all persons (1997-2003) for whom follow-up information



was available.

### Aftercare Violation Rates

Program	Adjusted 2003	Actual 2003	Significant	Adjusted 1997-2003	Actual 1997-2003	Significant
BC	56.1%	60.2%	No	61.1%	63.2%	No
OC	50.8%	47.4%	No	69.4%	64.1%	No
LC	42.6%	45.0%	No	56.7%	58.0%	No
LI	80.8%	62.5%	No	79.0%	69.4%	No

Overall 2003 P = .26

Overall 1997-2003 p = .001

Program 2003 p = .38

Program 1997-2003 p = .26

Overall = overall model consisted of the programs and covariates  
Program = differences among the various programs

BC = CYCC Boot Camp

OC = Our Home CD

LC = CYCC Living Center A

LI = Lamont Intensive/Quest

### Revocations

There were no statistically significant differences between the program groups and adjusted revocation rates for the combined (1977-2003) groups. While some of the differences

appeared to be large, high variation and/or small sample size resulted in non-significant results.

A recent study (*National Institute of Justice: Boot Camps for Juvenile Offenders: An Implementation Evaluation of Three Demonstration Programs*) of Boot Camps found that revocation rates were 50 percent in Cleveland, 70.5 percent in Denver, and 28.3% in Mobile for a 10-month period of aftercare. The South Dakota results compared very favorably to these programs, even with a longer 12-month time frame. For all persons (n = 399) followed during 2003 the revocation rate in South Dakota was 27.3 percent. The revocation rate for all persons (n = 2094) in the data set for the years of 1997-2003 was 29.6 percent.

#### Revocation Rates

Program	Adjusted 2003	Actual 2003	Significant	Adjusted 1997-2003	Actual 1997-2003	Significant
BC	30.7%	29.1%	No	31.5%	30.3%	No
OC	19.7%	15.8%	No	30.8%	28.6%	No
LC	28.2%	25.0%	No	31.8%	30.4%	No
LI	19.5%	33.3%	No	21.4%	32.0%	No

Overall 2003 P = .03

Overall 1997-2003 p = .001

Program 2003 p = .80

Program 1997-2003 p = .78

Overall = overall model consisted of the programs and covariates  
 Program = differences among the various programs

BC = CYCC Boot Camp  
 OC = Our Home CD  
 LC = CYCC Living Center A  
 LI = Lamont Intensive/Quest

#### Any Negative Outcome

An additional assessment was made of any negative outcome (i.e., arrested, violated, or revoked). No significant differences were found for the current year or for all persons

followed since 1997.

Program	Adjusted 2003	Actual 2003	Significant	Adjusted 1997-2003	Actual 1997-2003	Significant
BC	60.3%	64.1%	No	69.7%	71.4%	No
OC	49.8%	47.4%	No	73.9%	69.2%	No
LC	58.6%	60.0%	No	67.8%	68.9%	No
LI	84.3%	66.7%	No	79.6%	71.4%	No

Overall 2003 P = .28

Program 2003 P = .41

Overall 1997-2003 p = .001

Program 1997-2003 p = .75

Overall = overall model consisted of the programs and covariates  
 Program = differences among the various programs

BC = CYCC Boot Camp

OC = Our Home CD

LC = CYCC Living Center A

LI = Lamont Intensive/Quest

### **Favorable Profile Clients Compared to Non-Favorable Profile Persons**

A favorable profile consisted of persons who were substance free, working, and had 'Good' overall performance ratings while

on aftercare. A person with a non-favorable profile comprised those who: 1) were not working; 2) had used at least some alcohol or other drugs; and 3) were judged as having 'Bad' overall performance on aftercare. It can be seen from the chart below that those with a favorable profile had excellent outcomes (8.7% arrested, 17.4% violated aftercare, and 0.0% revocations) and those with non-favorable profiles performed very poorly with one-half being revoked.

**Year 2003**

<b>Group</b>	<b>New Arrests</b>	<b>Violations</b>	<b>Revoked</b>
Favorable Profile	8.7%	17.4%	0.0%
Non-Favorable Profile	75.4%	84.5%	50.0%
Overall 2003 Rates	31.3%	53.7%	27.3%

It was found that for all persons in the data set those with a favorable profile had excellent outcomes (4.9% arrested, 15.3% violated aftercare, and 3.2% revocations) and those with non-favorable profiles performed very poorly with almost two-thirds being revoked.

**Years 1997-2003**

<b>Group</b>	<b>New Arrests</b>	<b>Violations</b>	<b>Revoked</b>
Favorable Profile	4.9%	15.3%	3.2%
Non-Favorable Profile	67.2%	87.5%	62.7%
Overall 1997-2003 Rates	36.0%	58.8%	29.6%